

<i>SERFF Tracking Number:</i>	<i>BBLB-125823384</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Catholic Slovak Ladies Association of the</i>	<i>State Tracking Number:</i>	<i>40458</i>
	<i>United States of America</i>		
<i>Company Tracking Number:</i>	<i>FCSLA/LT0707</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration -</i>
			<i>Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LT0707</i>		
<i>Project Name/Number:</i>	<i>FCSLA/LT0707/FCSLA/LT0707</i>		

## Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America

Product Name: LT0707	SERFF Tr Num: BBLB-125823384	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 40458
Sub-TOI: L04I.213 Specified Age or Duration -	Co Tr Num: FCSLA/LT0707	State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life		
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Virginia Kiddle, Beth Pestka	Disposition Date: 10/07/2008
	Date Submitted: 09/18/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: FCSLA/LT0707	Status of Filing in Domicile:
Project Number: FCSLA/LT0707	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/07/2008	
State Status Changed: 10/07/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
First Catholic Slovak Ladies Association of the United States of America,	
NAIC #56332, FEIN #34-0220540	
Forms: LT0707, Level Term Life Insurance Contract	
FCSLA-20LT0707, Nonforfeiture Values Insert Page 4	

SERFF Tracking Number: BBLB-125823384 State: Arkansas  
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ROP0707, Pure Endowment Life Insurance Rider

The filing of the Forms referenced is being made as a result of the recent approval of admission to the state of Arkansas. In addition to the referenced Forms, other Insurance and Annuity Forms are being submitted in separate submissions.

The Forms are in final print as will be used for issue.

The Forms have been approved by the State of Domicile (Ohio).

Form LT0707 is a level term insurance contract.

Currently the form will be used with a 20 year term insurance plan. The contract will be issued for a level term benefit and level premiums. Issue ages are 16 through 80. The minimum issue amount is \$50,000. There is no established maximum amount other than underwriting qualification. Premiums are guaranteed and level for the term period. The contract is not renewable.

Form FCSLA-20LT0707 is the nonforfeiture value insert page 4 for 20 year level term insurance. This page is included in this filing separate from the contract.

In the future, if the Society adopts a plan with a different term period, such as 10 year level term insurance, a filing of the Nonforfeiture values insert page will be made.

Form ROP0707 is a pure endowment life insurance Rider which will be issued only with the level term life insurance Form LT0707. The Rider provides a benefit at least as great as the premiums paid at the end of the 20 year term period if the insured is then living. The applicant may include the Rider or not include it with the level term life insurance at the time of issue of the term insurance. The Rider has its own level premiums for the benefit. The Rider issue ages are 16-80.

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A John Doe Schedule page 3 with term insurance and the Rider ROP0707 is enclosed separately.

As a pure endowment benefit, the Rider benefit is paid only if the insured is living at the Expiry Date of the 20 year level term insurance period. The Rider does not pay any death benefit. The Rider has no cash values and no nonforfeiture benefits.

Form App-2005-AR is the life insurance application that will be used with all permanent life and term insurance policy forms. The application has been submitted with Form 01-SPWL-05, a Single Premium Whole Life Insurance Contract, which is a separate filing.

The contract forms will be sold on an individual basis to members of the Society by agents for the Society. The agents will be licensed as required. There will be no restriction placed on sale of the forms by any agent, except that the pure endowment rider form ROP0707 will be issued only with Form LT0707. Commissions will be paid on premiums received in accordance with the Society's agreements with its agents.

The Society's current underwriting rules and reinsurer, as needed, will be used for the permanent life and term insurance.

The form will not be illustrated immediately. When the Society is ready to illustrate the form, the necessary illustration material will be filed.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - bab01)

Jerry Alexander, FLMI jerry@bandbco.com  
916 Sherwood Drive (888) 278-2310 [Phone]  
Lake Bluff, IL 60044 (847) 295-6206[FAX]

### Filing Company Information

First Catholic Slovak Ladies Association of the CoCode: 56332 State of Domicile: Ohio

SERFF Tracking Number:	BBLB-125823384	State:	Arkansas
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	United States of America		
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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.213 Specified Age or Duration -
			Fixed/Indeterminate Premium - Single Life
Product Name:	LT0707		
Project Name/Number:	FCSLA/LT0707/FCSLA/LT0707		
United States of America			
24950 Chagrin Blvd	Group Code: -99	Company Type: Fraternal Benefit	
		Society	
Beachwood, OH 44122	Group Name:	State ID Number:	
(800) 464-4642 ext. [Phone]	FEIN Number: 34-0220540		
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SERFF Tracking Number: BBLB-125823384 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Catholic Slovak Ladies Association of the United States of America	\$50.00	09/18/2008	22594713

SERFF Tracking Number: BBLB-125823384 State: Arkansas

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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: LT0707

Project Name/Number: FCSLA/LT0707/FCSLA/LT0707

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/07/2008	10/07/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/07/2008	10/07/2008	Beth Pestka	10/07/2008	10/07/2008

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## Disposition

Disposition Date: 10/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Required Certifications		Yes
Form	Level Term Life Insurance Contract		Yes
Form	Pure Endowment Life Insurance Rider		Yes
Form	Nonforfeiture Values Insert Page 4		Yes



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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/07/2008  
Submitted Date 10/07/2008  
Respond By Date  
Dear Jerry Alexander,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/07/2008  
Submitted Date 10/07/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Enclosed is the requested assurance regarding Arkansas Code 23-79-138 and Certification that the submission meets the requirements of Rule 19 s 10B and all applicable requirements of the Department.

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### **Related Objection 1**

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Required Certifications

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Beth Pestka, Virginia Kiddle

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## Form Schedule

Lead Form Number: LT0707

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LT0707	Policy/Cont Level Term Life ract/Fratern Insurance Contract al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		63	FCSLA LT0707.pdf
	ROP0707	Policy/Cont Pure Endowment Life ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		66	FCSLA ROP0707.pdf
	FCSLA- 20LT0707	Policy/Cont Nonforfeiture Values ract/Fratern Insert Page 4 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			FCSLA20YT mns35.pdf

# FIRST CATHOLIC SLOVAK LADIES ASSOCIATION

## of the United States of America

A FRATERNAL BENEFIT SOCIETY  
24950 Chagrin Boulevard, Beachwood OH 44122  
(216) 464-8015

We, The First Catholic Slovak Ladies Association, will pay a Death Benefit to the Beneficiary upon Our receipt of due proof that the death of the Insured occurred while this contract was in force. Payment of death benefit will be as provided in this contract.

Signed for The First Catholic Slovak Ladies Association of the United States of America, at its Home Office, on the contract Date of Issue, by:

*Irene J. Drotleff*

Secretary

*Mary Ann Johaneck*

President

**LEGAL CONTRACT.** This contract is a legal contract between You and Us. The rights and obligations of each are set forth in it. We have issued this contract in consideration of: (1) the Application; and (2) payment of its first premium.

**READ YOUR CONTRACT CAREFULLY.** A Table of Contents to the contents of this contract is included on page 2. We have issued this contract in the belief that the information shown in the Application is correct and complete. The above telephone number may be used to obtain:

1. information about this contract; or
2. assistance in resolving any complaint.

**RIGHT TO CANCEL.** We want You to be satisfied with Your contract. If not, You may return it for cancellation before midnight of the 20<sup>th</sup> day from the date of its receipt. You may return this contract to:

1. Us, at the address shown above; or
2. Our authorized agent.

Return by mail is effective on being postmarked, properly addressed, with prepaid postage. We will return all amounts paid for this contract in not more than 10 days from the date of its receipt by Us. Cancellation will void this contract as if it had not been issued.

## LEVEL TERM LIFE INSURANCE CONTRACT

Death Benefit in the event of the death of the Insured while this contract is in force.

Schedule of Benefits and Premiums and Expiry Date on page 3.

Conversion provision on page 9.

Nonrenewable. Participating.

## TABLE OF CONTENTS

Conversion.....	9	Nonforfeiture Values .....	4
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Dividends.....	5	Schedule .....	3
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Nonforfeiture .....	6		

A copy of the application and any Amendment, Endorsement or Rider are attached to page 12.

## DEFINITIONS

**AGE.** The Insured's Age on the Date of Issue is shown on page 3. Age, during any contract year after the first, is the Insured's age nearest birthday, on the Anniversary of the date of issue of the contract.

**ANNIVERSARY.** The same month and day, in each year after the first, as that for the Date of Issue.

**APPLICATION.** The forms We received that resulted in the issue of this contract.

**BENEFICIARY.** On the Date of Issue, the Beneficiary will be as stated in the Application. You may change the Beneficiary as provided in this contract. If no Beneficiary is named or surviving, the Insured's estate will be the Beneficiary.

**DATE OF ISSUE.** The effective date for this contract. Contract years and Anniversaries are measured from this date.

**DEBT, LOAN.** Any unpaid or outstanding contract Loan including interest.

**INSURED.** The person so named in the Application and on page 3.

**NOTICE.** A written form which: (1) You have dated and signed; and (2) We have received.

**RIDER.** A form, captioned as such, which: (1) may be attached to this contract; and (2) provides insurance benefits for which a premium is charged.

**WE, US, OUR.** The First Catholic Slovak Ladies Association of the United States of America, a Fraternal Benefit Society, which: (1) is organized under the laws of the State of Ohio; (2) has no capital stock and is not for profit; (3) has a representative form of government; and, (4) functions for the benefit of its members and their beneficiaries.

**YOU, YOUR.** The owner of this contract. The owner may exercise the rights and options in this contract; unless, such rights or options have been reserved by assignment. On the Date of Issue, the owner will be as shown in the Application. If no owner is shown, the Insured will be the owner. You may change the owner as provided in this contract.

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

<b>BENEFIT</b>	<b>AMOUNT</b>	<b>MODE PREMIUM</b>	<b>PAYABLE</b>
20 Year Level Term	\$100,000	\$140.00	20 Years

### ADDITIONAL BENEFITS

Form No.	Description of Benefit	Annual Charge	Years Payable
----------	------------------------	---------------	---------------

	Annual	Semi-Annual	Quarterly	Monthly
Mode Premium	\$140.00	\$72.80	\$37.10	\$12.60

**BENEFICIARY:** Jane Doe

Dividends are not anticipated for this contract.

<b>INSURED:</b>	John Doe	<b>CONTRACT NUMBER:</b>	Specimen
<b>AGE/SEX:</b>	35/Male	<b>DATE OF ISSUE:</b>	June 6, 2007
<b>PREMIUM CLASS:</b>	Non-Tobacco	<b>FACE AMOUNT:</b>	\$100,000.00
<b>PREMIUM MODE:</b>	Annual	<b>EXPIRY DATE:</b>	June 6, 2027
<b>BRANCH NO.:</b>	XXXX	<b>BRANCH LOCATION:</b>	Anywhere, XX

## DEATH BENEFIT

**PAYMENT.** We will pay the Death Benefit in one lump sum payment, from Our Home Office, in not more than 30 days from the date We receive:

1. due proof of the death of the Insured while this contract was in force;
2. a statement of claim from the Beneficiary;
3. this contract.

The amount paid will be:

1. the Face Amount then in force; plus
2. the amount of any additional life insurance benefit provided for the Insured by a Rider; plus
3. any dividend additions or accumulation; less
4. any Debt.

During the continuance of the premium paying period, We will add a pro-rata refund of any premium paid beyond the contract month in which death occurs. Should death occur during the Grace Period for payment of a due premium, We will deduct a premium for a period of one month from the Death Benefit for: (1) the basic term insurance benefit provided by this contract; (2) and any included Rider which provides life insurance benefits for the Insured.

Payment will be in equal shares when the designation of Beneficiary does not state the share of each of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors.

**INTEREST.** We will add interest, at the rate We then pay, to the Death Benefit from the date of the Insured's death to the date of payment. The rate will not be less than 4.0% per year or such rate as required by statute in the state this contract is issued.

**SUICIDE.** Should the death of the Insured result from suicide, within a period of two years from the Date of Issue, the Death Benefit will be:

1. the sum of the premiums paid for this contract; less
2. any dividend paid in cash; less
3. any Debt.

**OPTION.** In lieu of a single lump sum payment at death of the Insured, the Beneficiary may select from other payment options offered by Us.

## DIVIDENDS

We will review Our divisible surplus each year to determine the share, if any, to be credited to this contract as a dividend. Any dividend will be credited on the Anniversary that first follows the end of the contract year of determination, provided all premiums due in that year have been paid.

You may choose or change one of the following options by Notice to Us. Any change will apply only to dividends credited after the Notice date. If You do not choose an option within 60 days from the date We send notice of dividend, the dividend will be credited under option 3.

**Option 1 – Cash.** The dividend will be paid to You in cash.

**Option 2 – Premium Reduction.** The dividend will be applied to pay or reduce the premium due on or first following the Anniversary on which it was credited. Any excess will be paid to You in cash. Any premium balance must be paid prior to the end of the premium Grace Period. If not paid, the dividend will be paid to You in cash.

**Option 3 – Accumulate.** We will place the dividend on deposit at annual, compound, interest. The interest rate will not be less than 3.0% per year. Interest will be credited each year on the Anniversary date.

You may withdraw all or part of the accumulation at any time. Interest, from the just prior Anniversary to the withdrawal date, will be added to amounts withdrawn at a rate of not less than 3.0% per year. In the event this contract should terminate, we will pay any then accumulation to you in one sum.

## **PREMIUM**

The first premium is due on the Date of Issue. Each premium after the first is due on the first day of each premium period thereafter. We will, on request, provide a receipt for each premium paid. The receipt will be signed by one of Our executive officers and must also be signed by the person receiving the payment. Premiums may be paid:

1. at our Home office; or
2. to Our authorized representative in exchange for a receipt.

**GRACE PERIOD.** You shall have a Grace Period of 31 days for the payment of each due premium after the first. This contract and any attached Rider will continue in force during a Grace Period. In the event of the death of the Insured during a Grace Period, We will deduct premium for a period of one month from the Death Benefit. The amount deducted will include premium for: (1) the basic term insurance benefit provided by this contract; and (2) any attached Rider which provides a life insurance benefit for the Insured.

At the end of a Grace Period, this contract will terminate as of the premium due date; except, as may be provided in its nonforfeiture provisions.

**MODE CHANGE.** You may change the mode for premium payment to any mode available at the time of Your request.

**REINSTATEMENT.** In the event of lapse or continuation of this contract under a nonforfeiture option, We will reinstate this contract:

1. during the lifetime of the Insured;
2. during a period of 5 years from the date of the first past due premium;
3. upon receipt of satisfactory proof of the insurability of the Insured;
4. upon payment of all past due premiums with compound interest on each at a rate of 6.0% per year from the date due to the reinstatement date; and
5. upon payment or reinstatement of any Debt, at the time of lapse or continuation, with compound interest at a rate of 6.0% per year from the date of the first past due premium to the date of reinstatement.

We will not reinstate this contract after it has been surrendered for its Cash Value.

**SUSPENSION OR EXPULSION.** Should We suspend or expel the Insured from membership, You may continue this contract in force; except when suspension or expulsion results from:

1. non-payment of a due premium; or
2. Our termination of this contract during its contestable period for a material misstatement in the Application.

**AUTOMATIC PREMIUM LOAN OPTION.** This option, if elected, will be effective for premiums due in a contract year in which a Loan Value is available. You may at any time, by Notice, elect or terminate this option.

Any due premium not paid by the end of its Grace Period will be paid, automatically, by Loan. The premium due date will be the Loan date. Premiums will be so paid provided the Loan Value is sufficient to provide one day's insurance at the rate for this contract. Such Loans will be considered and treated the same as any other Loan.

We may change the premium mode to annual on any Anniversary when: (1) the then premium mode is other than annual; and (2) the then due premium is to be paid by this option.

## **NONFORFEITURE**

You may choose one of the options which follow:

1. when a due premium is not paid by the end of its Grace Period;
2. this contract has a then Cash Value; and
3. by Notice, within 60 days from the date of the first past due premium.



Insurance continued under an option will not include any benefit provided by a Rider unless nonforfeiture benefits are specifically provided by the Rider.

**OPTION A – CASH VALUE.** We will pay the then Cash Value of this contract to You. Return of this contract is required. The Cash Value will be:

1. the cash value, if any is shown in the table on page 4 for the then contract year, on the date of the first past due premium; plus
2. the cash value of any dividend accumulation; less
3. any Debt.

In the 31 days after an Anniversary or premium due date, the Cash Value, after adjustment for any Loan or dividends withdrawn after that day, will not be less than it was on that anniversary day.

You may, at any time while this contract is in full force and effect, surrender this contract for its then Cash Value, if any. The Cash Value will be:

1. the cash value, if any is shown in the table on page 4 for the then contract year, at the end of the contract month in which We receive Your surrender request and this contract; plus
2. the then cash value of any dividend accumulation; plus
3. a pro-rata refund of any due premium paid beyond the end of such contract month; less
4. any Debt.

We may defer payment for a period not to exceed 6 months from the date We receive Your request. If payment is deferred for more than 10 days, We will add interest to the deferred amount at a rate of not less than 4.0% per year, or such higher rate required by law in the State where this contract was delivered.

**OPTION B – EXTENDED TERM INSURANCE.** This option is not available when:

1. the Premium Class, shown on page 3, is other than Standard; or
2. the amount of paid-up insurance under Option C is equal to or greater than the amount of insurance under this option.

We will continue this contract as nonparticipating extended term life insurance. The amount of extended term life insurance will be:

1. the Face Amount on the date of the first past due premium; plus
2. the amount of any accumulation; less
3. any Debt.

The period of extended term life insurance will:

1. begin on the date of the first past due premium; and
2. be as provided by the Cash Value when applied as a net single premium: (1) at the Insured's sex and then Age; and (2) using the same mortality table as shown on page 4 for such net single premium rates.

You may surrender the extended term life insurance for its then cash value at any time during the period. The cash value will be the then net single premium for the unexpired benefits. The table used to determine the period will be used to determine the cash value. We will provide a table of cash values on request. In the 31 days after an Anniversary, the cash value will not be less than it was on that Anniversary day. This contract will terminate without value at the end of the period.

**OPTION C – PAID-UP INSURANCE.** We will continue this contract as paid-up term insurance:

1. from the date of the first past due premium; and
2. payable as provided in this contract.

The amount of paid-up term insurance will be as provided by the Cash Value, on the date of the first past due premium, when applied as a net single premium: (1) at the Insured's sex and then Age; and (2) using the same mortality table as shown on page 4 for such net single premium rates.

You may make a Loan, as provided in this contract, using the paid-up insurance as the sole security for the Loan. The Loan Value will be:

1. the cash value of the paid-up insurance on the Anniversary which first follows the Loan date; plus
2. the cash value of any dividend accumulation; less
3. an amount equal to the Loan Interest that will be due on that Anniversary.

You may surrender the paid-up insurance for its then cash value at any time. The cash value will be:

1. the then net single premium for the unexpired benefits determined from the table used to determine the paid-up amount; plus
2. the cash value of any dividend accumulation; less
3. any Debt.

We will provide a table of cash values on request. The cash value in the 31 days following an Anniversary, after adjustment for any Loan or dividends withdrawn after that day, will not be less than it was on that anniversary day.

**AUTOMATIC OPTION.** If You do not choose an option within the 60 day period provided, the automatic option will be:

1. Option B when: (1) the Premium Class shown on page 3 is Standard; and (2) the amount of insurance under this option is greater than that for Option C; or
2. Option C when: (1) the Premium Class shown on page 3 is other than Standard; or (2) the amount of insurance under this option is equal to or greater than that for Option B.

**ACTUARIAL BASIS.** Nonforfeiture values are based on: (1) the mortality table and interest rate shown on page 4; (2) age at nearest birthday; and (3) continuous functions. On any Anniversary, the cash value of the basic term life insurance benefit is equal to: (1) the present value of the future benefits; less (2) the present value of future nonforfeiture factors. A statement including the basis for calculations for this contract has been filed in the State where this contract was delivered. The nonforfeiture values are not less than as may be required by law in that State.

## LOANS

The contract will be the sole security for a Loan. You may make a Loan at any time: (1) while this contract is in full force and effect; (2) when the Table of Nonforfeiture Values on page 4 shows cash value available for the then contract year; and (3) by assignment of this contract to Us. A Loan may not exceed the contract Loan Value. Any prior Debt will be included in and made a part of a new Loan.

**LOAN VALUE.** The Loan Value will be:

1. The cash value of this contract, if any as determined from the table on page 4, as of its premium paid-to date but not beyond the next anniversary; plus
2. the cash value of any dividend accumulation; less
3. an amount equal to Loan Interest from the Loan date to the next Anniversary.

**LOAN INTEREST.** A Loan will bear compound interest at a rate of 8.0% per year. Interest will be due each year on the contract Anniversary. Interest due on the Anniversary first following the Loan date will be determined from the Loan date. If not paid when due, the Interest will be added to the Debt and become a part thereof.

**DEFERRAL.** We may defer granting a Loan for a period not to exceed 6 months from the date We receive Your Loan request. Loan Interest will not be charged during a deferral period. We will not defer a Loan made solely for payment of a premium due Us.

**REPAYMENT.** Debt may be repaid at any time: (1) during the lifetime of the Insured; and (2) while this contract is in full force and effect. Payment may be in whole or in part. Debt will be repaid automatically as a part of the payment of any Death Benefit or any settlement of this contract.

**TERMINATION.** We may terminate this contract when Debt equals or exceeds:

1. the contract cash value determined from the table on page 4; plus
2. the cash value of any dividend accumulation.

We will send notice of any such termination to You and any assignee of record at Our last address of record and not less than 30 days prior to the termination date. The notice will include the minimum payment amount required to continue this contract in force.

## **CONVERSION**

You may convert the term life insurance provided by this contract to a new whole life insurance contract for the Insured:

1. without evidence of the Insured's insurability;
2. not later than the Insured's age 75 or the Expiry Date shown on page 3, if prior to the Insured's age 75;
3. for an amount not greater than the face amount of this policy; and
4. provided this contract is then in force.

**NEW CONTRACT.** The plan of insurance may be any We then issue except term life insurance, at the Insured's sex and age, near birthday, on the Date of Issue for the new contract and, for the amount of insurance converted. The amount of insurance may not exceed the amount of term life insurance under this contract. A Rider providing additional insurance benefits in consideration of an additional premium may be included in the new contract upon presentation of satisfactory evidence of the Insured's insurability.

The Date of Issue for the new contract will be the later of the date of Your conversion request or, the date We receive payment for the first premium for the new contract. Premium will be determined: at the Insured's sex and then age, near birthday; at the same Premium Class as that for this contract; and, from Our table of rates then in use for the new contract. The time periods specified in the suicide and incontestable provisions in the new contract will be measured from the Date of Issue for this contract.

## **THE CONTRACT**

**ENTIRE CONTRACT.** The entire contract, between You and Us, will consist of:

1. this contract, including the attached copy of the Application;
2. any later attached copy of an application for: reinstatement, addition of a Rider or contract change;
3. any Amendment, Endorsement or Rider attached to this contract; and
4. Our Charter, Constitution and Bylaws. These documents will govern and control this contract at all times. Any duly enacted change, addition or amendment of the documents, which is effective after the Date of Issue, will: (1) be binding and will govern and control this contract thereafter; and (2) not reduce or destroy any benefit provided by this contract on its Date of Issue.

**REPRESENTATIONS.** We consider all statements made in the Application as representations and not warranties.

**INCONTESTABLE.** Except as set forth below, we will not contest this contract after it has been in force during the lifetime of the Insured for a period of two years from its Date of Issue. No statement other than a material misstatement in the Application will be used to contest this contract. We may contest this contract for non-payment of premium at any time.

We may contest a material misstatement in any application for reinstatement, contract change or addition of a Rider for a period of two years from the date of reinstatement, contract change or Rider addition.

**MODIFICATION OR CHANGE.** You may modify or change this contract only with the written consent of Our President or Secretary. No agent or other person has authority to either modify or change this contract or waive any of the contract terms or provisions.

**INCORRECT AGE OR SEX.** We may adjust the benefits provided by this contract at any time, if the Insured's date of birth or sex is not correctly stated in the Application. The adjusted benefits will be:

1. as provided by the premium paid at the correct date of birth or sex; and
2. determined from the rate table used for this contract on its Date of Issue.

**MAINTENANCE OF SOLVENCY.** We may not change the benefits or premium for this contract. Should an emergency arise which will impair Our solvency, We will determine a fair share of the deficiency, if any, for this contract, in accordance with applicable law. You will not be personally responsible for the share as the share will be against the equity of this contract.

You may pay the share of the deficiency in cash. If not paid, the share will:

1. stand as a lien against this contract;
2. bear compound interest at an annual rate of not more than 5.0% per year; and
3. be deducted from any benefit payable.

In lieu of or in combination with the lien, You may request a reduction in benefits proportionate to the amount of the lien.

## **RIGHTS, PRIVILEGES AND RESPONSIBILITIES**

**MEMBERSHIP.** The rights, privileges and responsibilities of Our members are stated in Our Charter, Constitution and Bylaws. Such are:

1. personal to Our members;
2. not subject to transfer or assignment; and
3. separate from contract ownership.

**CHANGE OF BENEFICIARY.** You may change the Beneficiary by Notice. An irrevocable Beneficiary must consent to any later change. A change may be made:

1. during the lifetime of the Insured; and
2. while this contract is in full force and effect.

Any benefit paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, You requested in the Notice.

**DEATH OF BENEFICIARY.** Unless You provide otherwise, the interest of a Beneficiary in this contract ends at his or her death when death occurs prior to the death of the Insured.

**CHANGE OF OWNER.** You may, at any time during the lifetime of the Insured, by Notice:

1. name a new contract owner; or
2. when You are other than the Insured, name or change a designee to become owner in the event of Your death prior to that of the Insured. In the absence of a designee, the Insured will become the owner in the event of Your prior death.

Any benefit paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt of Notice, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, You requested in the Notice.

**ASSIGNMENT.** You may assign, in writing, all or specific rights or benefits in this contract. An assignment will not take effect until it is filed with Us. When so filed, it will be effective as of its signing date. We assume no responsibility for the validity or effect of any assignment.

**GOVERNING LAW.** This contract is subject to the laws of the State in which it was delivered. If part of it does not follow the law, it will be treated as if it did. Such law, at all times, will govern Our and Your rights and responsibilities and those of all others who may make a claim against this contract.

\* \* \* \* \*

**ATTACH**  
Copy of the Application  
Any Amendment, Endorsement or Rider

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**of the United States of America**

A FRATERNAL BENEFIT SOCIETY  
24950 Chagrin Boulevard, Beachwood OH 44122  
(216) 464-8015

**LEVEL TERM LIFE INSURANCE CONTRACT**

Death Benefit in the event of the death of the Insured while this contract is in force.

Schedule of Benefits and Premiums and Expiry Date on page 3.

Conversion provision on page 9.

Nonrenewable. Participating.

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
of the United States of America**

*A Fraternal Benefit Society*  
[24950 Chagrin Boulevard, Beachwood OH 44122]  
[216-464-8015 or 1-800-464-4642]

**PURE ENDOWMENT LIFE INSURANCE RIDER  
ATTACHED TO LEVEL TERM LIFE INSURANCE CONTRACT**

This Rider is attached to and made a part of a contract issued by the First Catholic Slovak Ladies Association. This Rider is subject to all of the contract terms and provisions that are not in conflict with its terms and provisions. We have issued this Rider in consideration of: (1) the Application; and (2) payment of the first premium.

As used in this Rider, "you or your" shall mean the owner of the policy; "we, us or our" shall mean the First Catholic Slovak Ladies Association.

**BENEFITS**

**LIVING BENEFIT.** At the Expiry Date shown on page 3 of the contract, we will pay a living benefit to you, if the contract and Rider are in force and the insured is then living. The amount of the living benefit payable will be the sum of the premiums paid over the term period of the contract.

If the contract or Rider terminates prior to the Expiry Date, no living benefit is payable and this Rider terminates without value.

If the Insured dies prior to the Expiry Date, no Living Benefit is payable under this Rider and this Rider terminates without value.

**TERMINATION**

This Rider will terminate on the first to occur of the following:

1. the contract Expiry Date; or
2. the end of the grace period for payment of a due premium; or
3. the termination or conversion of the contract; or
4. the end of the contract month in which We receive Notice for request for termination of this Rider. We will refund any premium paid beyond the contract month in which such termination occurs.

**GENERAL**

**REINSTATEMENT.** In the event of lapse, we will reinstate this Rider in accordance with the conditions for reinstatement set forth in the contract to which this Rider is attached.

**INCONTESTABILITY AND SUICIDE.** The periods of time stated in each such contract provision shall begin on the effective date of this Rider.

**SPECIFICATIONS.** The Premium and Expiry Date are shown in the schedule on page 3 of the contract.

Signed and effective on the same day as the contract; unless a later signing and effective date is shown here.

*[Irene J. Drotleff]*

Secretary

*[Mary Ann Johaneck]*

President

## NONFORFEITURE VALUES

The values in the following table are: (1) for each \$1,000 of Face Amount; and (2) at the end of years from the Date of Issue or, if an age is shown, on the Anniversary nearest the birthday on which the Insured attains the age. The values assume that all premiums due in the year have been paid. At any time during a contract year, values will be determined with due allowance for premiums paid or the time elapsed in the year. The values are exclusive of any dividends or Debt. The nonforfeiture factor (FACTOR) is for each \$1,000 of Face Amount. Values for years or ages not shown will be provided on request.

MORTALITY TABLE: 2001 CSO Male Nonsmoker Ultimate Mortality Table

Interest Rate: 4.5%

ISSUE AGE 26					ISSUE AGE 27					ISSUE AGE 28					ISSUE AGE 29					ISSUE AGE 30				
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS
1	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
2	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
3	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
4	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
5	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
6	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
7	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
8	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
9	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
10	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
11	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
12	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
13	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.42	29	0	83	
14	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.40	32	0	79		0.97	72	0	173	
15	0.00	0	0	0	0.00	0	0	0	0	0.29	29	0	57		0.86	77	0	153		1.34	111	0	215	
16	0.00	0	0	0	0.11	14	0	22		0.66	75	0	118		1.13	118	0	181		1.50	146	0	220	
17	0.00	0	0	0	0.40	62	0	72		0.85	119	0	137		1.19	155	0	175		1.44	176	0	193	
18	0.19	45	0	34	0.50	108	0	81		0.80	157	0	118		1.01	185	0	136		1.13	197	0	144	
19	0.21	93	0	34	0.36	145	0	53		0.53	195	0	71		0.59	206	0	76		0.66	219	0	80	
20	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
AGE																								
60	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
65	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
70	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
	YEARS	FACTOR			YEARS	FACTOR				YEARS	FACTOR				YEARS	FACTOR				YEARS	FACTOR			
	1-20	2.11586			1-20	2.17975				1-20	2.25054				1-20	2.33109				1-20	2.42256			

  

ISSUE AGE 31					ISSUE AGE 32					ISSUE AGE 33					ISSUE AGE 34					ISSUE AGE 35				
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS
1	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
2	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
3	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
4	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
5	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
6	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
7	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
8	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0
9	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.28	11	0	50	
10	0.00	0	0	0	0.00	0	0	0	0	0.00	0	0	0	0	0.62	26	0	111		1.33	51	0	213	
11	0.00	0	0	0	0.20	11	0	40		0.84	40	0	150		1.51	66	0	242		2.19	88	0	321	
12	0.36	21	0	71	0.97	53	0	173		1.58	79	0	254		2.20	101	0	322		2.87	122	1	19	
13	1.01	63	0	180	1.57	91	0	252		2.12	114	0	311		2.70	134	0	362		3.34	153	1	60	
14	1.50	102	0	241	1.97	125	0	289		2.46	145	0	329		2.98	163	1	15		3.69	185	1	79	
15	1.77	136	0	259	2.16	155	0	289		2.56	172	0	326		3.12	193	1	12		3.89	220	1	70	
16	1.82	165	0	244	2.11	180	0	269		2.53	200	0	306		3.11	226	0	350		3.86	254	1	35	
17	1.64	189	0	209	1.91	205	0	231		2.34	232	0	263		2.87	259	0	299		3.56	291	0	336	
18	1.30	213	0	157	1.55	235	0	175		1.90	264	0	198		2.34	295	0	221		2.86	325	0	245	
19	0.78	241	0	88	0.93	265	0	97		1.16	300	0	110		1.40	329	0	120		1.72	362	0	132	
20	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
AGE																								
60	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
65	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
70	0.00	--EXPIRED--			0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--				0.00	--EXPIRED--			
	YEARS	FACTOR			YEARS	FACTOR				YEARS	FACTOR				YEARS	FACTOR				YEARS	FACTOR			
	1-20	2.52700			1-20	2.64636				1-20	2.78390				1-20	2.93888				1-20	3.11670			



<i>SERFF Tracking Number:</i>	<i>BBLB-125823384</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Catholic Slovak Ladies Association of the</i>	<i>State Tracking Number:</i>	<i>40458</i>
	<i>United States of America</i>		
<i>Company Tracking Number:</i>	<i>FCSLA/LT0707</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration -</i>
			<i>Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LT0707</i>		
<i>Project Name/Number:</i>	<i>FCSLA/LT0707/FCSLA/LT0707</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BBLB-125823384 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40458  
Company Tracking Number: FCSLA/LT0707  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Product Name: LT0707  
Project Name/Number: FCSLA/LT0707/FCSLA/LT0707

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 09/18/2008  
**Comments:**  
**Attachments:**  
FCSLA LT0707 Readability.pdf  
FCSLA ROP0707 Readability.pdf

**Review Status:**  
**Satisfied -Name:** Application 09/18/2008  
**Comments:**  
**Attachment:**  
FCSLA App-2005-AR.pdf

**Review Status:**  
**Satisfied -Name:** Authorization 09/18/2008  
**Comments:**  
**Attachment:**  
FCSLA Authorization.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 09/18/2008  
**Comments:**  
**Attachments:**  
Statement of Variability LT0707.pdf  
Statement of Variability ROP0707.pdf

**Review Status:**  
**Satisfied -Name:** Required Certifications 10/07/2008  
**Comments:**  
**Attachments:**

<i>SERFF Tracking Number:</i>	<i>BBLB-125823384</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Catholic Slovak Ladies Association of the</i>	<i>State Tracking Number:</i>	<i>40458</i>
	<i>United States of America</i>		
<i>Company Tracking Number:</i>	<i>FCSLA/LT0707</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration -</i>
			<i>Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LT0707</i>		
<i>Project Name/Number:</i>	<i>FCSLA/LT0707/FCSLA/LT0707</i>		

**Rule Certification.pdf**

**Code and Bulletin Compliance.pdf**



## READABILITY CERTIFICATION

A. Form

Form No.

Level Term Life Insurance Contract

LT0707

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

### All Forms

☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

☒ the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.

☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

### Policy Forms Only

☒ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☒ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 63.41

Number of:  
Sentences: 307

Ratio of:  
Words to Sentences: 13.283

Words: 4,078

Syllables to Words: 1.536

Syllables: 6,265

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association Date 6/06/07

By: 

Jerry L. Alexander, FLMI, Consultant

## READABILITY CERTIFICATION

A. Form

Form No.

Level Term Life Insurance Contract

LT0707

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

### All Forms

☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

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☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.

☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

### Policy Forms Only

☒ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☒ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 63.41

Number of:  
Sentences: 307

Ratio of:  
Words to Sentences: 13.283

Words: 4,078

Syllables to Words: 1.536

Syllables: 6,265

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association Date 6/06/07

By: 

Jerry L. Alexander, FLMI, Consultant

## READABILITY CERTIFICATION

A. Form

Form No.

Pure Endowment Life Insurance Rider  
attached to Level Term Life Insurance Contract

ROP0707

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

### All Forms

☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

☒ the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.

☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

### Policy Forms Only

☐ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☐ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 66.36

Number of:  
Sentences: 22

Ratio of:  
Words to Sentences: 15.045

Words: 331

Syllables to Words: 1.480

Syllables: 490

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association Date 6/06/07

By: 

Jerry L. Alexander, FLMI, Consultant

## READABILITY CERTIFICATION

A. Form

Form No.

Level Term Life Insurance Contract

LT0707

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

### All Forms

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### Policy Forms Only

☒ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☒ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 63.41

Number of:  
Sentences: 307

Ratio of:  
Words to Sentences: 13.283

Words: 4,078

Syllables to Words: 1.536

Syllables: 6,265

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association Date 6/06/07

By: 

Jerry L. Alexander, FLMI, Consultant



PLEASE PRINT - Use Black Ink Only

A Fraternal Benefit Society 24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Is the applicant a member of the First Catholic Slovak Ladies Association? Yes ☐ No ☐ If not, apply for membership.

Branch # \_\_\_\_\_ Location \_\_\_\_\_ Certificate # \_\_\_\_\_

**1. Proposed Insured**

Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maiden Name if Female: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Plan of Insurance, Benefits, and Riders**

Plan Name/Type: \_\_\_\_\_ Face Amount: \_\_\_\_\_

Additional Benefits/Riders: \_\_\_\_\_ Amount Paid with Application: \$ \_\_\_\_\_

Mode: \_\_\_\_ Annual \_\_\_\_ Semi-Annual \_\_\_\_ Quarterly \_\_\_\_ Monthly \_\_\_\_ Single Modal Premium: \$ \_\_\_\_\_

**CERTIFICATE TO BE DATED:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Automatic Premium Loan? \_\_\_\_ Yes \_\_\_\_ No

Dividend option, if participating: (check one)

\_\_\_\_ Purchase Dividend Additions \_\_\_\_ Accumulate \_\_\_\_ Cash \_\_\_\_ Reduce Premium

**3. Owner Information (If other than Proposed Insured)**

Name: \_\_\_\_\_ Relationship to Proposed Insured: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

**4. Beneficiary Designation (If more space is needed use an additional sheet. Date, sign and attach to this application.)**

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share
------	----------------------------------	---------------	-------------------	-------

Primary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share
------	----------------------------------	---------------	-------------------	-------

Contingent: \_\_\_\_\_

\_\_\_\_\_

**5. Existing Life Insurance Information**

Other Life Insurance in force? \_\_\_\_ Yes \_\_\_\_ No If Yes, total amount: \$ \_\_\_\_\_

Are other applications pending with any insurer? \_\_\_\_ Yes \_\_\_\_ No

Will this application change or replace any existing life insurance or annuity? \_\_\_\_ Yes \_\_\_\_ No

If Yes, List the insurer and the policy number. \_\_\_\_\_

**6. Health History, Current Health, Personal Physician Information**

a) Has the Proposed Insured used tobacco in any form during the past 12 months? \_\_\_\_ Yes \_\_\_\_ No

b) In the last five years, has the Proposed Insured received, or is the Proposed Insured now receiving, medical or surgical care or treatment for: cancer, tumor or malignancy; diabetes, heart or circulatory disease or disorder; high blood pressure; alcohol or drug abuse; enlarged lymph nodes; stroke; epilepsy, mental or nervous disease or disorder; or, disease of the blood, kidneys, liver, lung, stomach or intestines? \_\_\_\_ Yes \_\_\_\_ No

c) Has the Proposed Insured ever been treated or diagnosed by a physician for Acquired Immune Deficiency Syndrome (AIDS); Aids Related Complex (ARC); or positive HIV test? \_\_\_\_ Yes \_\_\_\_ No

If 'Yes' to any item(s) above, circle condition(s) and give details, including dates and name, address & phone number of each doctor. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

d) To the best of your knowledge and belief, is the Proposed Insured now in good health and free from any defect or impairment? \_\_\_\_ Yes \_\_\_\_ No

If 'No', list details. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

**FRAUD WARNING**

Any person who knowingly or with intent to defraud presents a false or fraudulent claim for payment of a loss or benefit or knowingly or with intent to defraud presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Having read the preceding statements and answers, I represent that they are true and complete to the best of my knowledge and belief. I understand that this application shall be the basis for and a part of any contract issued; and no agent or person other than an executive officer of the Association may; change or modify any of the printed statements included herein; or, waive any of the Association's rights or requirements.

It is understood and agreed, no insurance shall take effect unless and until: this application is approved at our Home Office; a contract is issued, delivered to and accepted by its owner; and, the first full premium for the contract is paid. All such must occur while the health and other factors affecting the insurability of the Proposed Insured remain as described in this application.

Signed at: *City, State*

*Date*

**Proposed Insured's Signature**

*(Parent or Guardian if Applicant is under age 16)*

**Proposed Owner's Signature** *(If other than Proposed Insured)*

**Agent/Witness Signature**

**License ID#**

**Agent/Witness Printed Name**

**License ID#**

**MEDICAL INFORMATION BUREAU**

**Notice to Applicant**

**(MIB)**

Information regarding your insurability will be treated as confidential. The First Catholic Slovak Ladies Association of the USA or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

The First Catholic Slovak Ladies Association of the USA or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**AUTHORIZATION**

**I AUTHORIZE** any of the following that have any records or information regarding the Proposed Insured, including driving records or controlled substance or alcohol abuse, to provide such records or information to The First Catholic Slovak Ladies Association of the USA, its legal representative(s), or its reinsurer(s): (1) any licensed physician or medical practitioner; (2) any hospital or clinic, medical or medically related facility; or (3) the Medical Information Bureau, consumer reporting agency or other such organization, insurer or reinsurer, employer, institution, government agency or person.

**I UNDERSTAND THAT:** (1) on request, I may receive a copy of this authorization; and (2) the information obtained by use of this authorization will be used: (a) to determine the eligibility of the Proposed Insured for insurance, or (b) to determine eligibility for benefits in the event of a claim.

**I AGREE** that this authorization, or a copy, shall be valid for a period of 24 months from the date shown below.

\_\_\_\_\_  
*Printed Name of Proposed Insured*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Proposed Insured (Parent or Guardian if Applicant is under age 16)*

\_\_\_\_\_  
*Agent/Witness*

**Fieldworker/Recommender's Interrogatory**

To the best of your knowledge and belief, will the insurance now applied for replace or change any insurance or annuity? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_  
*Signature of Fieldworker/Recommender/Agent      License ID#*

\_\_\_\_\_  
*Fieldworker/Recommender/Agent   Printed Name      License ID#*

**Office of the Medical Examiner**

Instructions:

I hereby approve this application.

\_\_\_\_\_  
FCSLA Medical Examiner

\_\_\_\_\_  
Date

Certificate Mailed to: \_\_\_\_Branch \_\_\_\_Owner \_\_\_\_Insured \_\_\_\_Other:\_\_\_\_\_

Date Mailed: \_\_\_\_\_ By:\_\_\_\_\_

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**of the United States of America**  
A Fraternal Benefit Society  
Cleveland, Ohio 44122

**AUTHORIZATION**

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf. of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: June 16, 2008

Mary Ann Johaneċ  
National President

# **First Catholic Slovak Ladies Association of the United States of America**

## **Statement of Variability**

### **Form LT0707**

#### **Page 1 (Cover Page):**

The address and phone number may change if the Society moves its Home Office.

The names of the Officers may change if the Society elects new officers.

#### **Page 3:**

The only Benefit offered on the Form at the present time is 20 Year Level Term. In the future, the Society may offer other benefit periods, such as 5 year or 10 year or 15 year or 25 year or 30 year term.

The Amount of insurance and Mode Premium are elected by the applicant. The minimum Amount of insurance is \$50,000. The maximum Amount of insurance will be determined by Underwriting.

The Mode Premium will be payable for the number of years in the term period identified in the Benefit.

The additional benefit information will change, based on the Riders, if any, the applicant elects.

The Beneficiary is designated by the applicant in the application.

The Insured information is based on the information in the application.

The Branch No. and Branch location are based on the location of the insured.

The Contract Number is assigned by the Society Home Office.

The Expiry Date is the final contract anniversary for the term period identified in the Benefit.

#### **Last Page:**

The address and phone number may change if the Society moves its Home Office.

**First Catholic Slovak Ladies Association  
of the United States of America**

**Statement of Variability**

**Form ROP0707**

The address and phone number may change if the Society moves its Home Office.

The names of the Officers may change if the Society elects new officers.

First Catholic Slovak Ladies Association of the United States of America

Certification Regarding Rule 19 section 10B

On behalf of the First Catholic Slovak Ladies Association of the United States of America, I certify that the Forms submission meets the requirements of Rule 19 section 10B, as well as all applicable requirements of the Department.

A handwritten signature in blue ink, reading "Jerry R. Alexander". The signature is written in a cursive style. Below the signature is a faint, rectangular blue stamp.

October 6, 2008  
Date

\_\_\_\_\_  
Authorized Consultant



First Catholic Slovak Ladies Association of the United States of America

Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and  
Bulletin 11-88

As a newly licensed Society in Arkansas, the First Catholic Slovak Ladies Association of the United States of America will comply with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88 when it begins issuing policies in Arkansas.



October 6, 2008  
Date

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Authorized Consultant